


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90398 047 ****61.25

DOCUMENT # N05000007671			
1. Entity Name SHOMA HOMES KEYS GATE EXECUTIVE TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 5835 BLUE LAGOON DRIVE 4TH FLOOR MIAMI, FL 33126		Mailing Address 11981 S.W. 144 CT. SUITE 201 MIAMI, FL 33186	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 396 Athambra Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite # 230	
City & State		City & State Coral Gables, FL	
Zip	Country	Zip	Country
33134	USA	33134	USA
4. FEI Number 56-2579331		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE S.E. 3RD AVENUE 28TH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLASER, HARVEY 5835 BLUE LAGOON DRIVE 4TH FLOOR MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIREGARCIA, MELISSA 5835 BLUE LAGOON DRIVE 4TH FLOOR MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONOSO, MARIA 5835 BLUE LAGOON DRIVE 4TH FLOOR MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>M. Cuevas</u>		Date: <u>4/24/08</u> Daytime Phone #: <u>786-437-8571</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	